

I want to speak today about one such family, and I want to tell Senators how a mother from Orange County, CA, Mary Leigh Blek, chose to honor her son's memory by becoming a leader in the fight against violence.

On June 29, 1994, Mary Leigh Blek experienced every mother's nightmare—a 3 a.m. phone call from the police, telling that her beloved son Matthew had been shot and killed. Matthew Blek was walking his date home that night when three teenagers on a violent rampage shot him twice in the head.

The weapon used in that terrible crime was a junk gun, probably manufactured in southern California. Congress has prohibited the importation of these cheap, poor quality, and easily concealable firearms, but has allowed their domestic manufacture to soar unchecked.

For the past year, Mary Leigh Blek and her husband Charles have been on a crusade to stop the proliferation of these junk guns. "Silence is consent," she says, and Mary Leigh Blek has been anything but silent. She has become a tireless organizer in the anti-gun-violence movement—making speeches, attending rallies, and most recently testifying before a Committee of the California Legislature.

Mary Leigh Blek is determined to spare other mothers the pain that ripped her family apart. When I introduced the Junk Gun Violence Protection Act, a bill that would apply the same standards to domestically produced handguns as are currently applied to imports, Mary Leigh Blek was there. Once again, she told the story of how her son was slain and why these poor quality, easily concealable handguns should not be on the streets. I know it is hard for her to keep talking about this tragedy, and I admire her courage and the sense of public service that motivates her to keep up the fight.

This Mother's Day, I will think of Mary Leigh Blek. It is my hope that by next Mother's Day, the kind of gun that killed her son Matthew will no longer be out on the streets.●

AIDS EDUCATION

● Mr. LAUTENBERG. Mr. President, I rise today to commend the students and faculty at Cresskill High School in my State for proposing a weeklong focus on HIV/AIDS, from May 27 to June 2, 1996.

It's true that this is one of many spotlights that have been trained on this epidemic; and it's true that there have been many seminars and educational forums designed to inform the public about the devastation this disease causes and the medical and other support services available to sustain individuals and families living with HIV/AIDS.

But the fact is that despite statistics clearly demonstrating that AIDS is no respecter of racial, religious, ethnic, or economic lines, most people prefer to

think it can't happen to them. The idea for this particular AIDS Education Week in New Jersey came from Jessica Pomerantz, a student at Cresskill High School, a suburban school in an area where families are not faced with problems of the inner cities. Jessica felt the need to talk about this precisely because she sensed that her fellow classmates were like most people—they believed they would never be the ones to get the AIDS virus. The fact is, as she says, AIDS is an equal opportunity killer. The fact is this AIDS education week is very significant.

AIDS has become a defining facet of modern life: The 80,000 Americans reported with AIDS in 1994 alone represented one-fifth the total number of cases ever reported in the United States; AIDS infects one of every 92 young American men ages 27 to 39; it's the leading cause of death among all 25-44 year olds and the fourth leading cause of death among all women.

In New Jersey, some 50,000 people are infected with the HIV virus. We're fifth in the United States in reported AIDS cases, third in pediatric AIDS cases. Women represent 26 percent of all reported AIDS cases in New Jersey, the highest proportion of women with AIDS in the entire country. And women are the fastest-growing group of people with HIV/AIDS.

Last December, the eighth observance of World AIDS' Day took as its theme, "Shared Rights, Shared Responsibilities." Jessica and her fellow students at Cresskill High School have taken that message to heart. They understand the stake they have in this fight. They know they shouldn't and they cannot ignore it for the sake of their own future and the future of generations all over the world. "We must protect our future," they say, "by taking responsibility for our actions if we are to accomplish our goals."

Mr. President, I'm tremendously proud of these young people from New Jersey. I ask my colleagues to join me today in wishing them continued success.●

MEDICARE REIMBURSEMENTS FOR TREATMENT OF SOME MEDICARE-ELIGIBLE VETERANS

● Mr. WELLSTONE. Mr. President, I'm pleased and honored to announce my intention to introduce legislation in the coming days which I believe will demonstrate the cost effectiveness and feasibility of Medicare reimbursement to the Department of Veterans Affairs [VA] for treatment of some medicare-eligible veterans at VA health care facilities.

There are two very important reasons I intend to introduce and press for passage of this legislation which I would like to briefly outline. First, reforming veterans' health care is one of my top priorities. I strongly believe that if we don't reform the archaic and arcane rules governing veterans access to VA medical care, it will be impos-

sible for the VA to provide America's veterans with 21st Century health care. To accomplish this, the VA must be authorized to receive Medicare reimbursements for treatment of some Medicare-eligible veterans. Two different proposals prepared by major veterans service organizations (VSO's) provide that the VA be authorized to receive Medicare reimbursement for treating Medicare-eligible veterans. The GAO, however, has questioned both the feasibility and cost of providing Medicare reimbursement to the VA. While I lean toward the VSO's view that Medicare reimbursement would be both feasible and cost-effective, the only way to prove this is by means of a demonstration project that will determine both the feasibility and cost effectiveness of Medicare subvention. That is precisely what my legislation will authorize.

Second, I believe that because the VA is facing and will likely continue to face severe funding constraints that will reduce its capabilities to provide access to quality health care, the VA will be under strong pressures to deny health care to Medicare-eligible veterans who are not in the mandatory category for outpatient or inpatient treatment. For many years VA medical costs have lagged behind medical cost inflation and under the budget resolution adopted by Congress last year the VA medical care budget would be frozen for 7 years, lagging behind overall inflation and probably even further behind medical cost inflation. As a consequence, the VA may be compelled to ration care, with veterans 65 and over one of the groups likely to be affected. Even before the VA was faced with a flat health care budget, many of its facilities were compelled to resort to rationing. Despite the bold and imaginative efforts of Secretary of Veterans Affairs Jesse Brown and his Under Secretary for Health Ken Kizer to modernize, streamline and decentralize VA health care, a flat VA health care budget for 7 years can only lead to more extensive rationing of health care for veterans. This will further fray our solemn contract with the men and women who selflessly defended our country.

Mr. President, the bill I am planning to introduce is intended to ensure that our aging veterans population is not denied access to VA health care at a time when they need it most. Improving and safeguarding health care for our country's veterans should be a priority issue for my colleagues on both sides of the aisle. I hope all of my colleagues will carefully review my bill after it is introduced and will carefully consider supporting it.●

ORDERS FOR MONDAY, MAY 13, 1996

Mr. LOTT. Mr. President, I ask unanimous consent that when the Senate completes its business today it stand adjournment until 12 noon on Monday,